MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26952

File No. .....
Registered No. 67

1. PLACE OF DEATH
County: Ft. Franklin — Registration District No. 297
Township: Washington — Primary Registration District No. 306
City: Washington (No. ....., ... St. ..... Ward)

2. FULL NAME Frank Kramer

(a) Residence. No. ..... St. Louis St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40.			

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER: Dont Know.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Dont Know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know (STATE OR COUNTRY)

14. INFORMANT: Chief Police of St. Louis Mo
(Address) St. Louis Mo.

15. Aug 15 1928 — O. L. Meyer — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....
that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Run over by Mo. Pacific Train. & found by Juvenile Patrolmen & taken to Lab.

CONTRIBUTORY (SECONDARY) 2076 180 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF Coroner Franklin Co.
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S. L. Derthick, M. D
Aug 14, 1928 (Address) St. Clair Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetary, Washington — DATE OF BURIAL Aug 15 1928

20. UNDERTAKER Otto & Co. — ADDRESS Washington Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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